Image# 12940789092 PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼		le: If typing, type e lines.	12FE4M5	
Wellcare Health Plans, I	nc. PAC (WellC	Care PAC)			
ADDRESS (number and street)	8735 Henderson Road	d			
Check if different					
than previously reported. (ACC)	Tampa			FL L	33634
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00390575		3. IS THIS REPORT	X NEW (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5) Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (l		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	L	Apr 20 (M4)	Jul 20 (N	17) Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	on	mary (12P)	General (
October 15 Quarterly Report (Q3)	Report for t	tne: Co	nvention (12C)	Special (1	(25)
January 31 Year-End Report (YE)	E	Election on	M M / D D	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect Report for t		neral (30G)	Runoff (36	OR) Special (30S)
Termination Report (TER)		Election on	11 / D D D D D D D D D D D D D D D D D D	2012	in the State of
5. Covering Period 10		012	through 1	M / D D /	2012
certify that I have examined this	Report and to the be	est of my knowle	dge and belief it	s true, correct and	complete.
Type or Print Name of Treasurer	Thomas Tran				
Signature of Treasurer Thomas	Tran	[El	ectronically Filed]	Date 12	03 / 2012
NOTE: Submission of false, erroneou	us, or incomplete infor	mation may subje	ct the person signi	ng this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 10 18 2012 To: 11 26 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		24827.49
	(b) Cash on Hand at Beginning of Reporting Period	55273.26	
	(c) Total Receipts (from Line 19)	5599.10	76045.20
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60872.36	100872.69
7.	Total Disbursements (from Line 31)	500.00	40500.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60372.36	60372.36
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	2276.83	68007.58
(i) Itemized (use Schedule A)		
(ii) Unitemized	3322.27	8037.62
(iii) TOTAL (add	, JOSE 2.21	
Lines 11(a)(i) and (ii)▶	5599.10	76045.20
2.1100 TT(d)(i) and (ii)	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	5599.10	76045.20
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom ochedule 115)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7	
T. 15 / 111		
Total Receipts (add Lines 11(d),		7001500
12, 13, 14, 15, 16, 17, and 18(c))▶	5599.10	76045.20
Total Federal Receipts		
Total i Gueral Hecelpts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I criou	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.22		
Expenditures	0.00	0.33		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.33		
Transfers to Affiliated/Other Party	3.00	0.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	0.00	33500.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	3.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
That I omida committees	7			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
() T. () () () D. ()				
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶		0.00		
Other Disbursements	500.00	7000.00		
Other Dispursements	300.00	4 4		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	2.22	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	7		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
2	7			
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	500.00	40500.33		
	7			
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	500.00	40500.33		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5599.10	76045.20
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5599.10	76045.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.33
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.33

15

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 01 2012 City State Zip Code Transaction ID: SA11AI.5583 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 20 11 2012 City State Zip Code Transaction ID: SA11AI.5553 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Bryan M. Baier Date of Receipt Mailing Address 8735 Henderson Blvd. 20 11 2012 City State Zip Code Transaction ID: SA11AI.5551 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	7	OF	15
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		\Box_{17}

or for commercial purposes, other than using the		on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Richard O. Banner		Date of Receipt
Mailing Address 8735 Henderson Road		11 20 7 2012
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	46.15
Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 230.75	
Full Name (Last, First, Middle Initial) Robert A. Beck Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	11 20 2012 Transaction ID : SA11AI.5549
Tampa FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	
Full Name (Last, First, Middle Initial) David Cure		Data of Daggiot
Mailing Address 8735 Henderson Road		Date of Receipt 11 20 2012
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5491 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	health care Aggregate Year-to-Date ▼ 288.45	
SUBTOTAL of Receipts This Page (optional)		238.45
TOTAL This Period (last page this line number	<u>*</u>	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one)

15

TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	
		Detailed Sulfilliary Fage		13		14	\vdash	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCa	are PAC)								
Full Name (Last, First, Middle Initial) A. William W. Davies			D	ate of	Re	ceipt				
Mailing Address 8735 Henderson Road			_	M = M	1 /			Y	2012	Y
City	State	Zip Code		Trans	acti	on ID	: SA	11AI.5		
Tampa	FL	33634	A	mount	of	Each I	Rece	ipt this	s Period	
FEC ID number of contributing federal political committee.	С					7		7	96	3.15
Name of Employer	Occupation									
WellCare Health Plans, Inc.	health care									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		480.75								
Full Name (Last, First, Middle Initial) 3. William W. Davies			D	ate of	Re	ceipt				
Mailing Address 8735 Henderson Road				M = M	/	20	- 1	Y	2012	Y
City	State	Zip Code		Transa	acti	on ID	: SA1	11AI.5	523	
Tampa	FL	33634	A	mount	of	Each I	Rece	ipt this	s Period	
FEC ID number of contributing federal political committee.	С					7	Ξ	7	96	.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		576.90								
Full Name (Last, First, Middle Initial) Elizabeth Goodman			D	ate of	Re	ceipt				
Mailing Address 8735 Henderson Road				M = M	/	20	_	Y	2012	Y
City	State FL	Zip Code 33634				ion ID				
Tampa	- FL	33034	A	mount	of	Each I	Rece	ipt this	s Period	
FEC ID number of contributing federal political committee.	С				_	,		,	96	6.15
Name of Employer	Occupation									
WellCare Health Plans, Inc.	health care									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		288.45								
SUBTOTAL of Receipts This Page (optional)				Ξ				7	288	.45
TOTAL This Period (last page this line number	only)					7		7		

	FOR LINE NUMBER: PAGE 9 C)F 15
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 01 2012 City State Zip Code Transaction ID: SA11AI.5498 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 20 11 2012 City State Zip Code Transaction ID: SA11AI.5499 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road

Zip Code

33634

State

FL

С

TOTAL This Period (last page this line number only).....

Occupation

2012

96.15

20

Transaction ID: SA11AI.5563

Amount of Each Receipt this Period

11

City

Tampa

FEC ID number of contributing

federal political committee.

Name of Employer

FOR LINE NUMBER: PAGE 10 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 3010 Key Harbour Dr 2012 11 20 City State Zip Code Transaction ID: SA11AI.5495 FL Safety Harbor 34695 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 20 11 2012 City State Zip Code Transaction ID: SA11AI.5565 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin A. LeBlanc Date of Receipt Mailing Address 8735 Henderson Road 20 11 2012 City State Zip Code Transaction ID: SA11AI.5542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF 15

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 11 20 2012 Transaction ID: SA11AI.5493 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Deccupation ealth care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 11 20 2012 Transaction ID: SA11AI.5579 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation Decupation Dealth care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 11 20 2012 Transaction ID: SA11AI.5514 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only		288.45

	FOF	R LINE	NU	MBER	:	PAGE	_ 1	12 (OF	15
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		17

or for commercial purposes, other than using the na	ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight Mailing Address 8735 Henderson Road		Date of Receipt
		11 01 2012
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5558
FFC ID number of contribution	C	Amount of Each Receipt this Period 96.15
WellCare Health Plans, Inc.	Occupation ealth care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) Mary Catherine Powell-Voight		Date of Receipt
Mailing Address 8735 Henderson Road		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.5559
Tampa FEC ID number of contributing federal political committee.	FL 33634 C	Amount of Each Receipt this Period 96.15
Name of Employer	Occupation ealth care	
Pagaint For:	Aggregate Year-to-Date ▼ 480.75	
Full Name (Last, First, Middle Initial) Lauralie M. Rubel		Date of Receipt
Mailing Address 8735 Henderson Road		Date of Receipt M
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5532
FEC ID somehow of contribution	C 33034	Amount of Each Receipt this Period 96.15
Name of Employer C	Occupation	
	nealth care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line number only	·	

	FOF	R LINE	NU	MBER	:	PAGE	•	13 OF	=	15
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Wellcare Health Plans, Inc. PA	AC (WellCare PAC)				
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 9775 Handerson Boad	Date of Receipt				
Mailing Address 8735 Henderson Road	State Zip Code	11 20 2012			
City Tampa	FL 33634	Transaction ID : SA11AI.5533 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	96.15			
Name of Employer	Occupation				
WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	health care Aggregate Year-to-Date ▼ 480.75				
Full Name (Last, First, Middle Initial) 3. Alan R. Smith		Date of Receipt			
Mailing Address 8735 Henderson Road		11 20 2012			
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5501 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	96.15			
Name of Employer WellCare Health Plans, Inc.	Occupation health care				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45				
Full Name (Last, First, Middle Initial) C. John David White		Date of Receipt			
Mailing Address 8735 Henderson Road		11 20 2012			
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.5470 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	19.23			
Name of Employer WellCare Health Plans, Inc.	Occupation health care				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 216.53				
SUBTOTAL of Receipts This Page (optional).	•	211.53			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 2012 20 City State Zip Code Transaction ID: SA11AI.5483 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... 2276.83 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	llee canarata cabadula/a\	FOR LINE NUMBER: PAGE 15 OF 15						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 23 28a 28b	24 25 26 28c X 29 30				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V			Sonor sonundations in	on don donimace.				
Full Name (Last, First, Middle Initial)			Date of Disburseme	int				
Committee for Craig Eiland Mailing Address 7902 Channelview			11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code		: ID 0					
Galveston	TX 77554		Transaction ID : S	B29.5586				
Purpose of Disbursement non-federal contribution Candidate Name			Amount of Each Dis	sbursement this Period				
Calluluate Marile		Category/ Type		500.00				
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	,,	,	,				
State: District: Full Name (Last, First, Middle Initial)								
3.			Date of Disburseme	nt				
Mailing Address								
City	State Zip Code							
Purpose of Disbursement			Amount of Each Dis	sbursement this Period				
Candidate Name		Category/ Type		5				
	nent For: Primary General Other (specify) ▼							
State: District: Full Name (Last, First, Middle Initial)								
2.			Date of Disburseme					
Mailing Address			M M / D D	/				
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period				
President	nent For: Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)				500.00 500.00				
TOTAL This Period (last page this line number only)				000.00				